



# MADGE SEXTON KINDERGARTEN

## Volunteer Declaration

**\*\*CONFIDENTIAL\*\***

### ***VOLUNTEER PERSONAL INFORMATION:***

<b>Name:</b>	<b>Preferred Name:</b>
<b>Address:</b>	
<b>Email Address:</b>	
<b>Home phone number:</b>	<b>Mobile phone number:</b>
<b>Date of birth / Birthday:</b>	<b>Availability:</b>
<b>Emergency Contact Person 1 Name:</b>	<b>Emergency Contact Person 1 Phone No.:</b>
<b>Emergency Contact Person 2 Name:</b>	<b>Emergency Contact Person 2 Phone No.:</b>
<b>Medical Details:</b> Please include here any medical details that are important for staff to know about. These may be medical conditions, allergies, etc. Please also provide information about any medication plans and where medication is kept etc. If there are things that you would like me to know about, but do not want shared with staff please tell me this below.	
<b>Anything else that I need to know?</b> Please let me know if there is anything else that you would like me or need me to know so that I am able to support you. (Special needs, personal issues, etc.)	

### **PLEASE TICK AND SIGN BELOW:**

- I have/will undergo a Police Screening and Criminal History Check at my own expense (or paid for by Centre if for Governing Council Committee).
- I am aware of the special responsibilities associated with working with children. (Or aware of the serious responsibility of ensuring that the Director is being accountable for the Kindergarten's organisational and financial operations.
- I declare that I do not have a criminal record and that there are no other circumstances or reasons that might preclude my working with/near children or (Governing Council) being in charge of financial operations of the Kindergarten.
- I certify the accuracy of the above information and understand that it will be kept confidential.
- I have read Madge Sexton Kindergarten's Participation of Volunteers and Students policy and agree to abide by the guidelines set out.
- I have read the DECD Volunteers Working in Educational Sites & Setting and Screening and Criminal History Check Policy Guidelines and understand what my role requires of me.

#### **VOLUNTEER**

**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **PRESCHOOL DIRECTOR**

**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_